

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
**03-010**

2. STATE  
Washington

FOR: HEALTH CARE FINANCING ADMINISTRATION  
**RECEIVED**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
**June 10, 2003**

4. PROPOSED EFFECTIVE DATE  
July 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

- a. FFY 2003 (\$196,411)  
b. FFY 2004 (\$9,373,944)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 2.2-A  
Page 23c

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Page 23c

*Washington (03-010)*  
*approved: 08/29/03*  
*effective: 07/01/03*

10. SUBJECT OF AMENDMENT:

Elimination of 12 Months of Continuous Eligibility

11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:  
DENNIS BRADDOCK

14. TITLE: *Liz Swulver*  
Secretary *Dennis Braddock*

15. DATE SUBMITTED: *6/13/03*

16. RETURN TO:

Department of Social and Health Services  
Attn: Ann Myers  
Medical Assistance Administration  
925 Plum St SE MS: 45533  
Olympia, WA 98504-5533

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **JUN 16 2003**

18. DATE APPROVED: **AUG 29 2003**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
**JUL -1 2003**

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: *Karen S. O'Connor*

22. TITLE: **Associate Regional Administrator**  
**Division of Medicaid &**  
**Children's Health**

23. REMARKS:

*6/13 Olympia*

State: WASHINGTON

The state covers:

— All children described above who are under age \_\_  
(18,19) with family income at or below \_\_ percent of  
the FPL.

— The following reasonable classifications of children  
described above who are under age \_\_ (18, 19) with  
family income at or below the percent of the FPL  
specified for the classification:

(ADD NARRATIVE DESCRIPTION(S) OF THE  
REASONABLE CLASSIFICATION(S) AND THE  
PERCENT OF THE FPL USED TO ESTABLISH  
ELIGIBILITY FOR EACH CLASSIFICATION.)

— 21. A child under age \_\_ who has been determined  
eligible for a total of \_\_ months regardless of changes  
in circumstances other than the attainment of the  
maximum age stated above.